

MONTHLY REPORT FORM

4500

Name, Address City, County, ZIP :

American Energy Corporation
43521 Mayhugh Hill Road
TWP 88
Beallsville OH 43716

Station Code :

017

Reported Date (Month Year) :

September 2006

Application :

0i100091*GD

10/18/2006

Sampling Station Description :

in(1) - Enter 1 for Continuous, 2 for Composite, 3 for Grab Sample

Reporting Lab :

Analyst :

in(2) - Enter frequency of sampling

| (1) | 3 | 3 | 3 | 3 | 3 | | |
|-------|------------------------------------|--|---------------------------------------|--|-------------------------------|---|---|
| (2) | 1 | 1 | 1 | 1 | 1 | | |
| | (01330) Odor, Severity Units | (01350) Turbidity, Severity Units | (31616) Fecal Coliform #/100 ml | (50060) Chlorine, Total Residual mg/l | (80082) CBOD 5 day mg/l | | |
| Day | | | | | | | |
| 01 | | | | | | | |
| 02 | | | | | | | |
| 03 | | | | | | | |
| 04 | | | | | | | |
| 05 | | | | | | | |
| 06 | | | | | | | |
| 07 | | | | | | | |
| 08 | | | | | | | |
| 09 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | 0 | 0 | 1 | 0 | 5 | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| 20 | | | | | | | |
| 21 | | | | | | | |
| 22 | | | | | | | |
| 23 | | | | | | | |
| 24 | | | | | | | |
| 25 | | | | | | | |
| 26 | | | | | | | |
| 27 | 0 | 0 | | 0 | 5 | | |
| 28 | | | | | | | |
| 29 | | | | | | | |
| 30 | | | | | | | |
| 31 | | | | | | | |
| TOTAL | 0 | 0 | 1 | 0 | 10 | 0 | 0 |
| AVG | 0 | 0 | 1 | 0 | 5 | | |
| MAX | 0 | 0 | 1 | 0 | 5 | | |
| MIN | 0 | 0 | 1 | 0 | 5 | 0 | 0 |